

# WE WANT YOU!!

The Department of Developmental Services is looking for people with developmental disabilities to apply to become members of the **Consumer Advisory Committee**. The Consumer Advisory Committee provides advice to the Department on policies, programs, legislation, and regulations that affect the lives of consumers in California. There are fifteen (15) Committee members from all over California who meet four (4) times per year in Sacramento and as much as possible with local People First and other self-advocacy organizations in the community. The costs of transportation, attendants and facilitators, if needed, for Committee members is paid for by the Department.

If you would like to apply for possible appointment to this Committee, here's what you have to know and do:

1. **You must have a developmental disability and use the services of a regional center or live at a developmental center.**
2. **You must be a member of a local People First or self-advocacy organization.**
3. **Your local People First or self-advocacy organization MUST nominate you for membership.**
4. **Fill out the attached application and send it to DDS by OCTOBER 1, 2006.**

***Questions? Call Nicole Patterson at (916) 654-1494***

## INSTRUCTIONS ON HOW TO FILL OUT APPLICATION

If you want help filling out this application, ask your friends, family, care provider, day program staff, regional center service coordinator, state developmental center staff, advocate, or anyone else you think will help you.

1. Put **your name** under **Your Name**.
2. Put **the address of where you live** under **Your Address**. Be sure to include the number, street name, city, state, and zip code.
3. Put **your telephone number during the day** under **Your Daytime Telephone Number**. Be sure to include the area code.
4. Put **your telephone number during the evening and night** under **Your Evening Telephone Number**. Be sure to include the area code.
5. Tell us the name of your regional center or developmental center.
6. If you are a member of a local People First and/or self advocacy organization, check the box and put in the name of the group.
7. Check the box that shows if you are a man or a woman.
8. Put in the names of any other boards, committees and organizations that you belong to like regional center board, area board, etc.
9. We want to know why you want to be a member of the Department of Developmental Services Consumer Advisory Committee. Please use this space to tell us. You may add more pieces of paper if you need them to tell us the reasons. If you use more paper, be sure to include it when you send your application to DDS.
10. Once you have put in the information, send your application to:

**Office of Human Rights and Advocacy Services**  
**Department of Developmental Services**  
**1600 9<sup>th</sup> Street, Room 240, MS 2-15**  
**Sacramento, CA 95814**  
**(916) 654-1888**

**CONSUMER ADVISORY COMMITTEE  
MEMBERSHIP APPLICATION  
DS 254 (7/2005) (Electronic Version)**

*SEE INSTRUCTIONS ON HOW TO FILL OUT THE APPLICATION ON THE FOLLOWING PAGE*

1. Your Name: \_\_\_\_\_
2. Your Address: \_\_\_\_\_  
\_\_\_\_\_
3. Your Daytime Telephone Number: \_\_\_\_\_
4. Your Evening Telephone Number: \_\_\_\_\_
5. Name of Your Regional Center or Developmental Center: \_\_\_\_\_
6. Are you a member of:      local People First      \_\_\_\_\_  
Name  
   local self-advocacy group \_\_\_\_\_  
Name
7. Are you a:              Male              Female
8. Do you serve on or belong to other boards, committees, and/or organizations? If so please tell us what they are?
9. Why Do You Want To Be A Member of the DDS Consumer Advisory Committee?: